

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25008

State File No. _____

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> <u>0590</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> <u>1579</u>	
b. CITY OR TOWN <u>Rural Clark</u>		c. CITY OR TOWN <u>Rural Clark</u>	
c. LENGTH OF STAY (in this place) <u>30 yr</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi S.W. of Troy mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u>	b. (Middle) <u>LINA</u>	c. (Last) <u>LINA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 52</u>
----------------------------------------------------------------	-------------------------	-----------------------	------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 10, 1879</u>	9. AGE (If under 1 year last birthday) <u>73</u> (If under 1 year last birthday) <u>0</u> (If under 1 year last birthday) <u>5</u> (If under 1 year last birthday) <u>3</u>
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Industry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>White Church, Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Andrew Lina</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Spal</u>	14. NAME OF HUSBAND OR WIFE <u>Marie E Lina</u>
---------------------------------------	-------------------------------------------------	-------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie E Lina</u> ADDRESS <u>Troy mo.</u>
-----------------------------------------------------------------------------	-------------------------------------	-------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>157X</u>
------------------------	----------------------------------	----------------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to July 15, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lo Deeseh W. Troy, Mo.</u> (Name or title)	23b. ADDRESS	23c. DATE SIGNED <u>7/19/52</u>
--------------------------------------------------------------	--------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 18 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis mo.</u>
-------------------------------------------	-----------------------------	------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>7-19-52</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> <u>162</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u> ADDRESS <u>Troy mo.</u>
-----------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------------------

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-19-1952

MAR 25 1953

MAR 25 1953

AUG 7 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.